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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 09/975,276 |
| Filing Date | 10/10/2001 |
| First Named Inventor | T. ERIC CHORNENKY |
| Art Unit | 2635 |
| Examiner Name | NAM V NGUYEN |
| Attorney Docket Number | TEC - PPI |

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**RECEIVED**

JUL 19 2004

OR I hereby appoint the practitioners associated with the Customer Number:

Technology Center 2600

 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:**OR**

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|--|------------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | FLOYD S. SCHEIER 20634 | | | | |
| Address | 391 MCKINNEY RD | | | | |
| Address | | | | | |
| City | WEXFORD | State | PA | Zip | 15090 |
| Country | USA | | | | |
| Telephone | 724-935-6746 | Fax | | | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|----------------------------|-----------|--------------|
| Name | TODD ERIC CHORNENKY | | |
| Signature | <i>Todd Eric Chornenky</i> | | |
| Date | JULY 7, 2004 | Telephone | 412-851-0800 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------|
| Application Number | 09/975,276 |
| Filing Date | 10/10/2001 |
| First Named Inventor | T. ERIC CHORNENKY |
| Title | HUMAN MACHINE INTERFACE |
| Art Unit | 2635 |
| Examiner Name | NAM V. NGUYEN |
| Attorney Docket Number | TEC - PPI |

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| FLOYD S. SCHEIER | 20,634 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| <input checked="" type="checkbox"/> Firm or Individual Name | FLOYD S. SCHEIER | | | |
| Address | 391 MCKINNEY RD | | | |
| Address | | | | |
| City | WEXFORD | State | PA | Zip |
| Country | 15090 | | | |
| <input checked="" type="checkbox"/> Telephone | 724-935-6746 | Fax | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---------------------|-----------|--------------|
| Signature | TODD ERIC CHORNENKY | Date | JULY 7, 2004 |
| Name | TODD ERIC CHORNENKY | Telephone | 412-851-0800 |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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